## PATENTAPPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| Application or Docket Number |
|------------------------------|
| 10/738,709<br>LEFT PAU - 31  |
| 185 DAU -31                  |
| (1)                          |

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                   |                                                |                                           |                 |                                                                                                                                 |                      |                  |     | SMALL ENTITY TYPE   |                        | OR | OTHER<br>SMALL      |                        |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------|-----|---------------------|------------------------|----|---------------------|------------------------|--|--|--|
| TOTAL CLAIMS                                                                                                                     |                                                |                                           | 12              |                                                                                                                                 |                      |                  |     | RATE                | FEE                    |    | RATE                | FEE                    |  |  |  |
| FO                                                                                                                               | R                                              |                                           | NUMBER FILED    |                                                                                                                                 | NUMBER EXTRA         |                  |     | BASIC FEE           | 385.00                 | OR | BASIC FEE           | 770.00                 |  |  |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                          |                                                |                                           | 12 minus 20=    |                                                                                                                                 | . 6                  |                  |     | X\$ 9=              |                        | OR | X\$18≃              |                        |  |  |  |
| IND                                                                                                                              | EPENDENT CL                                    | AIMS                                      | ν minus 3 =     |                                                                                                                                 | ٠ ٦                  |                  |     | X43=                |                        | OR | X86=                |                        |  |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                 |                                                |                                           |                 |                                                                                                                                 |                      |                  |     | +145=               |                        | OR | +290=               |                        |  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                         |                                                |                                           |                 |                                                                                                                                 |                      |                  |     | TOTAL               | ეგ <del>_</del>        | OR | TOTAL               |                        |  |  |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                                                                    |                                                |                                           |                 |                                                                                                                                 |                      |                  | ı   | SMALL E             | NTITY                  | OR | OTHER<br>SMALL      |                        |  |  |  |
| AMENDMENT A                                                                                                                      | -                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·               | HIGH<br>NUM<br>PREVIO<br>PAID                                                                                                   | BER<br>DUSLY         | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |  |
|                                                                                                                                  | Total                                          | . 24                                      | Minus           | <b>*</b>                                                                                                                        | -0                   | = 4              |     | XS 9≈               | 36                     | OR | X\$18=              |                        |  |  |  |
|                                                                                                                                  | Independent                                    | • 3                                       | Minus           | ***3                                                                                                                            |                      | = Ø              |     | X43=                |                        | OR | X86=                |                        |  |  |  |
|                                                                                                                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                 |                                                                                                                                 |                      |                  | }   | +145=               |                        | OR | +290=               |                        |  |  |  |
| L                                                                                                                                |                                                |                                           |                 |                                                                                                                                 |                      |                  |     |                     |                        |    | TOTAL               | 7                      |  |  |  |
|                                                                                                                                  |                                                | (Column 1)                                |                 | (Colu                                                                                                                           | mn 2)                | (Column 3)       |     | ADDIT, FEE          |                        |    | ADDIT. FEE          |                        |  |  |  |
| AMENDMENT 8                                                                                                                      |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID                                                                                                   | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |  |
|                                                                                                                                  | Total                                          | •                                         | Minus           | **                                                                                                                              |                      | =                |     | X\$ 9=              |                        | OR | X\$18=              |                        |  |  |  |
|                                                                                                                                  | Independent                                    | *                                         | Minus           | ***                                                                                                                             |                      | =                |     | X43=                |                        | OR | X86=                |                        |  |  |  |
|                                                                                                                                  | FIRST PRESE                                    | NTATION OF M                              | JLTIPLE DEF     | PENDENT                                                                                                                         | r CLAIM              |                  | ل   | +145=               |                        | OR | +290=               |                        |  |  |  |
|                                                                                                                                  |                                                |                                           |                 |                                                                                                                                 |                      |                  |     | TOTAL<br>ADDIT, FEE |                        | OR | TOTAL<br>ADDIT, FEE |                        |  |  |  |
|                                                                                                                                  | · · · · · · · · · · · · · · · · · · ·          | (Column 1)                                |                 |                                                                                                                                 | mn 2)<br>KEST        | (Column 3        | ኒ . |                     |                        |    |                     |                        |  |  |  |
| AMENDMENT C                                                                                                                      |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREVI                                                                                                                    | BER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |  |
|                                                                                                                                  | Total                                          |                                           | Minus           | **                                                                                                                              |                      | =                |     | X\$ 9=              |                        | OR | X\$18=              |                        |  |  |  |
|                                                                                                                                  | Independent                                    | •                                         | Minus           | ***                                                                                                                             |                      | =                |     | X43=                |                        | OR | X86=                |                        |  |  |  |
|                                                                                                                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                 |                                                                                                                                 |                      |                  |     |                     |                        |    |                     | <del> </del>           |  |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                            |                                                |                                           |                 |                                                                                                                                 |                      |                  |     |                     |                        | OR | +290=               |                        |  |  |  |
| "If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20." ADDIT. FEE  OR ADDIT. FEE  OR ADDIT. FEE |                                                |                                           |                 |                                                                                                                                 |                      |                  |     |                     |                        |    |                     |                        |  |  |  |
|                                                                                                                                  | The 'Highest Nur                               | nber Previously Pa                        | id For (Total o | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                      |                  |     |                     |                        |    |                     |                        |  |  |  |